

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
 (S.F. Campaign and Governmental Conduct Code § 1.126)

AUG 03 2012

City Elective Officer Information (Please print clearly.)

Name of City elective officer(s):

Members, Board of Supervisors

City elective office(s) held:

Members, Board of Supervisors

Contractor Information (Please print clearly.)

Name of contractor:

Delta Dental of California (Delta Dental PPO Active Self Insured and Retiree PPO fully insured, and DeltaCare DHMO)

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

(1) DIRECTORS AND OFFICERS

Glen F. Bergert

[REDACTED]
San Francisco, CA 94105

Barbara J. Burgel

[REDACTED]
San Francisco, CA 94105

D. Douglas Cassat, DDS

[REDACTED]
San Francisco, CA 94105

R. Kent Farnsworth, DDS, Chair

[REDACTED]
San Francisco, CA 94105

Lynn L. Franzoi

[REDACTED]
San Francisco, CA 94105

Devang M. Gandhi, DDS

[REDACTED]
San Francisco, CA 94105

Gregory D. Kaplan, DDS, 2nd Vice Chair

[REDACTED]
San Francisco, CA 94105

Steven F. McCann, Treasurer

[REDACTED]
San Francisco, CA 94105

Terry A. O'Toole

[REDACTED]
San Francisco, CA 94105

Renuka (Becky) P. Patel, 1st Vice Chair

[REDACTED]
San Francisco, CA 94105

Gary D. Radine (Ex Officio)

[REDACTED]
San Francisco, CA 94105

Jo Bonita Rains

[REDACTED]
San Francisco, CA 94105

Andrew J. Reid, Secretary

[REDACTED]
San Francisco, CA 94105

Coragene I. Savio, DDS

[REDACTED]
San Francisco, CA 94105

Steven W. Voss

[REDACTED]
San Francisco, CA 94105

Thomas A. Zimmerman

[REDACTED]
San Francisco, CA 94105

(2)

Chief Executive Officer – Gary Radine
Chief Financial Officer – Michael Castro
Chief Operating Officer – Tony Barth

(3)

None

(4)

None

(5)

None

Contractor address:

[REDACTED] San Francisco, California 94105

Date that contract was approved: 7/31/12

Amount of contract: \$53,403,894.00*

Delta Dental PPO -
Policy Number 1673 – Retirees
\$10,766,513.00

Delta Dental PPO -
Policy 9502 – Actives: (Self-funded Claims + Admin.)
\$41,675,275.00

DeltaCare USA – DHMO
Policy # 01797 – DeltaCare:
\$962,106.00

Describe the nature of the contract that was approved:
Dental Benefits

Comments:

*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events. The Delta Dental PPO Active Self-Insured Plan is based on actual claims and administration.

Assumptions for Estimated Contract Amounts:

PPO full-insured plan, 1673 (Retirees), based on the current month (June 2012) multiplied by 12 months
Self-Insured Actives PPO (9502) plan based on the last 12 months claims paid, plus the current enrollment multiplied by the admin. fee of \$4.38 times 12
DeltaCare USA DHMO plan based on the current month (June 2012) premium multiplied by 12.

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr Carlton B Goodlett Pl, San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed



8/3/2

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

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